



11660 Upper Gilchrist Rd.  
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## NUISANCE COMPLAINT - INVESTIGATION REPORT

Responsible person \_\_\_\_\_

Complaint No. \_\_\_\_\_

Address \_\_\_\_\_

Date filed \_\_\_\_\_

Telephone \_\_\_\_\_

Received by \_\_\_\_\_

Location \_\_\_\_\_

Political subdivision \_\_\_\_\_

Complaint Description:

Complainant \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

**INITIAL INVESTIGATION REPORT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Sanitarian signature \_\_\_\_\_

Complaint Valid ?  Yes  No

Classification  Solid Waste  Sewage  FE  FSO  
 Pool/Beach  Mosquito  Housing  Other

CORRESPONDENCE(S) DATE(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RE-INSPECTION DATE(S)/COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE ABATED: \_\_\_\_\_ BY: \_\_\_\_\_